1674

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

STANDARD CERTIFICATE OF DEATH **ARIZONA STATE BOARD OF HEALTH** BUREAU OF VITAL STATISTICS

State File No. 470

Local Registrar's No. 155

1. PLACE OF DEATH

County Yuma State Arizona

District or Township Yuma or Village

City Yuma No. Yuma County General St., [redacted] Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Alma Coy Wilson

(a) Residence, No. 653 1st St., Ward.

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurreed 6 yrs. mos. 1 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR or RACE White

5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) Married

5a. If married, widowed, or divorced ~~HUSBAND or~~ (or) WIFE of Thomas F. Wilson

6. DATE OF BIRTH (month, day and year)

7. AGE Years 21 Months 10 Days 29 IF LESS than day ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Duncan Okla.

PARENTS

10. NAME OF FATHER J. W. Cox

11. BIRTHPLACE OF FATHER (State or country) Brimingham (city or town) Ala

12. MAIDEN NAME OF MOTHER Maud Whaley

13. BIRTHPLACE OF MOTHER (State or country) Brimingham (city or town) Ala

14. Informant (Address) Bertha Vaughan Somerton Ariz.

15. Filed Sept. 2, 1930. Mary A. Wuffermann Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug 30 1930 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1930 to Aug 30, 1930 that I last saw alive on Aug 30, 1930 and that death occurred, on the date stated above, at 12 00 P. m. The CAUSE OF DEATH* was as follows:

Puerperal Hemorrhage

(duration) ___ yrs. ___ mos. 1 hour

CONTRIBUTORY (Secondary) —

(duration) ___ yrs. ___ mos. ___ ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Aug 30 1930 C. S. Powell (Address) Yuma Ariz

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Yuma Cemetery

DATE OF BURIAL 9/2-30

20. UNDERTAKER O. S. Johnson

ADDRESS Yuma Arizona

I 33710